

## EXTENSIONS OF REMARKS

### STATEMENT FOR THE INTRODUCTION OF THE WORK ENTITLED WE SHALL RISE BY DAVID STANCLIFF

**HON. DON YOUNG**

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 7, 2002*

Mr. YOUNG. Mr. Speaker, I wish to recognize Mr. David Stancliff of Tok, Alaska, for his contribution in helping our nation heal after the tragic events of September 11th, 2001. Mr. Stancliff wrote the song "We Shall Rise" in his Tok log cabin and has since traveled to Gettysburg, Pennsylvania, where he joined up with American roots singer Scott Ainslie. Mr. Ainslie performed "We Shall Rise" to its first audience at the Gettysburg National Cemetery on November 19th, 2001, the anniversary of the Gettysburg Address.

Lincoln gave birth to the healing of the nation in Gettysburg and Mr. Stancliff's words sung by Mr. Ainslie in the same place will hopefully help heal society. On this single day, November 19th, 2001, "We Shall Rise" was performed multiple times in Pennsylvania. "We Shall Rise" became the first song ever sung on the floor of the Pennsylvania House of Representatives. It was also performed at the Emergency Services Banquet in Harrisburg, Pennsylvania for the Governor and a thousand emergency service workers, and later that day at Gettysburg College.

We will never forget those who lost their lives on September 11th, 2001. As the battle against terrorism carries on, we are forever indebted to those who fight for our great nation. New challenges at home and abroad continue to test our faith, hope, and resiliency. In this time of mourning and war, we can take comfort and inspiration from the words of David Stancliff's "We Shall Rise." Here are the words to the song that will help us to renew our hopes as well as our faith in people as we face the aftermath of the plane crashes in Pennsylvania, New York, and Washington, DC, as well as the new battle against terrorism abroad:

#### "WE SHALL RISE"

"Here we are—left behind—when our loved ones had to go.  
Here we are—left to fill—lonely spaces here below.  
But we shall rise, we shall rise—past mighty towers tall.  
We shall rise, we shall rise—we shall rise up from the fall.  
Along our streets, when we miss their daily smiles.  
Along our streets, we'll be lifted from our trials,  
Along our streets, with our memories great and small,  
We will rise up from the fall.  
We shall rise, rise up from the fall.  
We shall rise, on the wings they've given us all.  
We shall rise, over every hateful wall.  
We shall rise up from the fall.  
With their lives, we'll be taken to new heights.

With their lives, we'll turn to darkness into light,  
With their lives, when we hear the trumpet's call

We will rise up from the fall.  
We shall rise, rise up from the fall.  
We shall rise, on the wings they've given us all.

We shall rise, over every hateful wall.  
We will rise up from the fall.  
They'll all be waiting—up around the bend.  
They'll be waiting—the circle never ends.  
They'll all be waiting—and when we hear them call,

We will rise up from the fall.  
We shall rise, rise up from the fall.  
We shall rise, on the wings they've give us all.

We shall rise, over every hateful wall.  
We will rise up from the fall—We will rise."

### THE HEALTH CARE IMPROVEMENTS ACT OF 2002

**HON. JOHN CONYERS, JR.**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 7, 2002*

Mr. CONYERS. Mr. Speaker, I am pleased to introduce, along with Congressman BARR, the Health Care Improvement Act of 2002. This is the successor legislation to the Campbell-Conyers bill from last Congress, which passed the House by an overwhelming 276–136 vote. We have drafted a more narrow legislative response this Congress in the hope that the bill will be more likely to move in the Senate.

The legislation responds to two alarming anti-consumer trends—the ever increasing level of concentration among health insurers and exclusionary contracting practices by health insurance companies. The last five years have seen a massive consolidation in the health insurance and managed care market as more than a dozen health insurance competitors have been eliminated through mergers and acquisitions.

The dangers posed by this ever increasing market concentration are exacerbated by the practice of health insurers engaging in heavy-handed negotiating tactics and requiring exclusionary contractual commitments from health care providers. Such restrictive contractual terms are frequently proffered on a "take it or leave it" basis to health care providers, under the threat of the loss of the provider's patients or exclusion from their access to other patients.

Our legislation responds to the problem by allowing physicians or other health care professional to collectively negotiate with a health plan over contractual terms or plan policies. Presently, joint negotiations with a health plan by physicians or other health care professionals who are not financially integrated are illegal per se under the federal antitrust laws if they involve fees or prices. Under this legislation, such activities would be subject to review based on a more liberal "rule of reason"

analysis, which could take quality of health care into account.

I have taken a particular interest in this legislation because of the unfairness of the current market situation on African American doctors. I am aware of a number of incidents in Detroit and around the country of minority physicians being threatened that they will lose all of their business unless they enter into one-sided service contracts. This bill gives physicians the ability to respond to these abuses on a collective basis.

The legislation is strongly supported by a wide array of health care professional and trade organizations, including several speaking today.

### PERSONAL EXPLANATION

**HON. LYNN C. WOOLSEY**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 7, 2002*

Ms. WOOLSEY. Mr. Speaker, I was absent from the House yesterday and part of today due to California's primary elections on March 5, 2002. had I been present, I would have voted:

Rollcall No. 47—"yea".  
Rollcall No. 48—"yea".  
Rollcall No. 49—"nay".  
Rollcall No. 50—"yea".

### INTRODUCTION OF PROTECT OUR WOMEN FROM OVARIAN CANCER ACT OF 2002

**HON. STEVE ISRAEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 7, 2002*

Mr. ISRAEL. Mr. Speaker, currently, around three-quarters of women with ovarian cancer are diagnosed in advanced stages of the disease, when they have only about a 20 percent chance to surviving five years. However, if the disease is caught early, the five-year survival is around 95 percent. So providing a way to routinely identify the disease in its "Stage 1" phase could have a dramatic impact in what is now a very deadly cancer.

Scientist from the Food and Drug Administration and the National Cancer Institute reported in [Petricoin EF, Ardekani AM, Hitt BA, Levine PJ, Fusaro VA, Steinberg SM, Mills GB, Simone C, Fishman DA, Kohn EC, Liotta LA. use of proteomic patterns in serum to identify ovarian cancer. *The Lancet* 2002;261. Feb. 8, 2002.] that patterns of protein found in patients' blood serum may reflect the presence of the disease.

In the study, scientists used serum proteins to detect ovarian cancer, seven at early stages, using test that can be completed in 30 minutes using blood that can be obtained from a finger stick, researchers were able to differentiate between serum samples taken from

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